(11/02, formerly SW-6) Adult Adoption Petition as	nd Change of Name		Date filed:Court use
TE OF RHODE ISLAND ty of		PROBATE COUR	RT OF THE
e of			
		No	
		No	Date
ADULT ADOPTI	ION PETITI	ON AND CHANGE	OF NAME (if needed)
	(If applicable, use	Form PC-8.1, Change of Name.)	
Adoptee's full present name:			
NT 11 11 11 11	···		
Name as it appears on birth certif	icate: lifferent)		
Date of Birth:		Place of Rirth	
Date of Birtii.		Trace of Birtin.	
Name of Petitioner		Date of Birth	Place of Birth
Name of Petitioner		Date of Birth	Place of Birth
No. Street			
No. Street			
City/Town	State	Zip	Phone Number
The father of said adoptee is:	[] living	[] deceased	
	(if living, enter a	ddress of residence below)	Date of death
Name of Father			
No. Street			
City/Town	State	Zip	Phone Number
The mother of said adoptee is:	[] living (if living, enter a	[] deceasedddress of residence below)	Date of death
Name of Mother			
No. Street			
Q' E			
City/Town	State	Zip	Phone Number

We request for leave to adopt said adoptee and that his/her name be changed to:

Full Name to Which Adoptee's Name is to be Changed

and the birth record list the following:

Name of Father

Maiden Name of Mother

Date

	Father's Place of Birth	Father's Race (optional)	
Father's Address: No. Street			
Father's Address: City/Town	State	Zip	
Mother's Date of Birth	Mother's Place of Birth	Mother's Race (optional)	
Mother's Address: No. Street			
Mother's Address: City/Town	State	Zip	
Notary		Signature of Proposed Father	
Notary		Signature of Proposed Mother	
I, the above adoptee being the a	nge of eighteen years and upwa	rds, hereby consent to said adoption.	
Notary		Signature of Adoptee	
	DECREE		
	1 64 11 2 1 1 2 1	ip of the persons; that it is fit and proper	
that such adoption should take such adoption should take effect It is ORDERED, ADJU	effect; and it appearing that it i et. DGED AND DECREED that t	s to the mutual benefit of all parties that from the date hereof said adoptee shall to d that his/her name be changed to:	